

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/585371 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3	/		/		/		53						
4	/		/		/		54						
5	/		/		/		55						
6	/		/		/		56						
7	/		/		/		57						
8	/		/		/		58						
9	/		/		/		59						
10	/		/		/		60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15	/		/		/		65						
16	/		/		/		66						
17	/		/		/		67						
18	/		/		/		68						
19	/		/		/		69						
20	/		/		/		70						
21	/		/		/		71						
22	/		/		/		72						
23	/		/		/		73						
24	/		/		/		74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.			2			
TOTAL DEP.	22	←	26	←	23	←	TOTAL DEP.			2			
TOTAL CLAIMS	24		28		25		TOTAL CLAIMS						